MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51							
2	1						52							
3	1						53							
4	1						54							
5	1						55							
6	1						56							
7	1						57							
8	1						58							
9	1						59							
10	1						60							
11	1						61							
12	1						62							
13	1						63							
14	1						64							
15	1						65							
16	1						66							
17	1						67							
18	1						68							
19	1						69							
20	1						70							
21	1						71							
22	1						72							
23	1						73							
24	1						74							
25		24					75							
26		24					76							
27		24					77							
28	1						78							
29	1						79							
30	1						80							
31	1						81							
32	1						82							
33		2					83							
34		2					84							
35		2					85							
36	1						86							
37	1						87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96					1			
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	31						TOTAL IND.							
TOTAL DEP.	78						TOTAL DEP.							
TOTAL CLAIMS	109						TOTAL CLAIMS							